PTO/SB/06 (08-03)
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一				IN FEE DELI	ERMINATIO	N RECORD		Applica	tion or Docket N	control number. umber	
l	Substitute for Form PTO-875								16/027013		
CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY								OR	OTHER THAN SMALL ENTITY		
FOR NUMBER FILED			NUM	BER EXTRA	RATE	FEE	1	2475	T		
BASIC FEE (37 OFR 1.16(a))					s	1	RATE	7/1/			
TOTAL CLAIMS (37 CFR 1.16(c))					 , -	OR		1,720			
INDI	EPENDENT CLA	IMS S			9	× \$	 	OR	x \$=		
	(37 CFR 1.16(b))				× s =	ļ	OR	× 584=	168		
MUL	TIPLE DEPENDE	NT CLAIM PRESE	NT	(37 CFR 1.16(d))	+5=		OR	+5=	'		
* If the difference in column 1 is less than zero, enter *0* in column 2.						TOTAL		OR	TOTAL	908	
r	1.7/./G	MIMS AS AN	MENDEC	PART II	· · · // // /					. •	
<u>:</u> _	ZOUR	XOUD (Column 1)		(Column 2)	(Column 3)	SMALL	ENTITY	OR		R THAN ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
Ž	Total (37 CFR 1.16(c))	1=1	Minus	1-119	= ;		FEE			FEE.	
뷝	Independent (37 CFR 1.16(b))		Minus	-7 t-		X 5		OR	x \$=		
3						X \$ =		OR	x 5 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR V1)					+5=		OR	+ 5 =	1	
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	20	
		(Column 1)		(Column 2)	(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
죍	Total (37 CFR 1, 15(c))	•	Minus	••	=	x \$ =	155	00	x 5 =	- 156	
N N	Independent (37 CFR 1,16(b))	•	Minus	•••	=			OR			
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					x s =		OR	x \$=		
						TOTAL ADD'L FEE		OR OR	TOTAL ADD'L FEE		
		(Cohimo 1)		/C 21				O.K	MUULTEE		
\Box		(Column 1) CLAIMS		(Column 2) HIGHEST	(Column 3)				· · · · · · · · · · · · · · · · · · ·		
N		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
≝┌	Total (37 CFR 1.16(c))	•	Minus	••	=	x s =	FEE			FEE	
岁	independent (37 CFR 1,16(b))	•	Minus		=			OR	x \$=		
¥ V	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					x \$=		OR	x 5=		
				(o. Or.		+ s =		OR	+ s =		
	If the entry in co	lumn 1 is less tha	n the entr	in column 2, write	n°0° in column ?	ADD'L FEE		OR	ADD'L FEE		
	II ING THIODESI N	umber Previously	Paid For	IN THIS SPACE I	s less than 20, e s less than 3, en	-1 1201					

The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to fide (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.